

DEC'D OCT 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31835

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 1 Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008
(c) City Fulton (d) Street No. State Hospital #1 Registered No. 229
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alvin Sparks 162
(a) Residence, No. Route 1, Hallsville, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorsetta McCary Sparks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2nd 1893
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 44 9 21

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22nd 1938 to Sept. 23rd 1938
I last saw him alive on Sept. 23rd 1938 Death is said to have occurred on the date stated above, at 3:50 P.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation D.K.

Date of onset

Lobar Pneumonia - right12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County 0

Other contributory causes of importance:

FATHER 13. NAME Cliff Sparks 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County 0

Name of operation Date of _____
What test confirmed diagnosis? Kray Was there an autopsy? No.

MOTHER 15. MAIDEN NAME Davidson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Loretta Sparks
R. I. Hallsville Mo

Manner of injury, _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ham's Prairie DATE Sept 25 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. J. Wallace
Fulton, Mo

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____ (Signed) George J. Wood, M. D.
(Address) State Hospital #1, Fulton, Mo

20. FILED Sept 25 1938 R. N. Crews
Local Registrar.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Geo B Wallace

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Geo B. Wallace

Licensed Embalmer No.....

3373

P. O. Address.....

Fulton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.